

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         |          |        |        |
| O.I.P.E. CLASSIFIER       |          |        |        |
| FORMALITY REVIEW          | NH       | 489    | 3/8/01 |
| RESPONSE FORMALITY REVIEW |          |        |        |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 1     | 7        |      |  |
| 2     | 23       |      |  |
| 3     | ✓        |      |  |
| 4     | ✓        |      |  |
| 5     | ✓        |      |  |
| 6     | ✓        |      |  |
| 7     | 0        |      |  |
| 8     | 0        |      |  |
| 9     | ✓        |      |  |
| 10    | ✓        |      |  |
| 11    | ✓        |      |  |
| 12    | ✓        |      |  |
| 13    | ✓        |      |  |
| 14    | ✓        |      |  |
| 15    | 0        |      |  |
| 16    | ✓        |      |  |
| 17    | ✓        |      |  |
| 18    | ✓        |      |  |
| 19    | 0        |      |  |
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| Claim |          | Date |  |
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| Final | Original |      |  |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

3/08/01